



APPLICATION FOR OR RENEWAL OF REGISTRATION AS AN APPRENTICE PLUMBER

State Form 2557 (R9 / 9-01)

Approved by State Board of Accounts, 2001

Indiana Professional Licensing Agency

302 W. Washington St., Rm. E034

Indianapolis, IN 46204-2700

Telephone: (317) 232-2980

INSTRUCTIONS: 1. Please *TYPE* or *PRINT* and complete the application in its entirety. Incomplete applications will be returned.

FEE: \$10.00

2. Enclose \$10.00 fee, make check or money order payable to Indiana Professional Licensing Agency.
3. Attach a copy of "APPRENTICESHIP AGREEMENT" from the Bureau of Apprenticeship Training, U.S. Department of Labor, (866 487-9243) or by certifying organization which is accepted by the Indiana Plumbing Commission.
4. The plumbing contractor / journeyman plumber by whom you are employed must complete the "EMPLOYER SECTION" of this application.

Check one:

- ☐ New Registration
☐ Renewal

APPLICANT INFORMATION

Name of applicant	Date of birth
Address (number and street)	Telephone number ()
City, state, ZIP code	County
Social Security number *	* This agency is requesting the disclosure of your Social Security number in accordance with IC 4-1-8-1. Disclosure is mandatory; this record cannot be processed without it.

APPLICANT NOTARY CERTIFICATE

I hereby certify that I am learning the plumbing trade, registered in an accredited plumbing training program and attaching a copy of the "APPRENTICESHIP AGREEMENT" stating the school will timely inform the Commission of my termination from learning the plumbing trade under the auspices of said school and/or the completion of the "PROGRAM CERTIFICATION" section. I further certify that I cannot perform plumbing services without such services being performed under the direction and immediate supervision of a licensed plumbing contractor or a licensed journeyman plumber physically present on the project.

Signature of applicant	Date (month, day, year)	
STATE OF _____ } COUNTY OF _____ } SS:		
Before me, a Notary Public, personally appeared _____ who subscribed and swore to the foregoing. Name of applicant		
Signature of Notary Public	Printed or typed name of Notary Public	
Date subscribed and sworn to Notary Public	County of residence	Date commission expires

SCHOOL INFORMATION

Name of Commission approved school	Bureau of Apprenticeship training number
Employer	Method (check one) <input type="checkbox"/> Classroom <input type="checkbox"/> Shop
Source (check one) <input type="checkbox"/> Vocational education name: _____ <input type="checkbox"/> Sponsor name: _____	

APPROVED APPRENTICESHIP PROGRAM SPONSOR CERTIFICATION

I hereby certify that _____ is successfully enrolled in four years of training in an approved apprenticeship program. (name of apprentice)	
Date of enrollment (month, day, year)	
Signature of manager of approved program sponsor	Date signed by manager

(Continued on reverse side)

APPROVED APPRENTICESHIP PROGRAM SPONSOR NOTARY CERTIFICATE

I, _____, having been duly sworn on oath, say that I am the above-named approved apprenticeship program sponsor manager, that I have personally prepared the foregoing Approved Apprenticeship Program Sponsor Certification, and that the same is true to the best of my knowledge and belief.

Signature of approved apprenticeship program sponsor manager	Signature of Notary Public	
Printed or typed name of sponsor manager	Printed or typed name of Notary Public	
Date subscribed and sworn to Notary Public	County of residence of Notary Public	Date commission expires

EMPLOYMENT INFORMATION

Do not use the name or license number for the Corporation. Only the individual name of responsible plumbing contractor is needed.

I, _____, being a licensed plumbing contractor having license
(name of individual plumbing contractor)
number _____, hereby certify that I am the employer of _____
(name of applicant)
and that he/she will work under the direct and immediate supervision of a licensed plumbing contractor or licensed journeyman plumber

Signature of plumbing contractor	Date signed (month, day, year)
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EMPLOYER NOTARY CERTIFICATE

STATE OF _____ }
COUNTY OF _____ } SS:

Before me, a Notary Public, personally appeared _____ who subscribed
(name of individual plumbing contractor) and swore to the foregoing.

Signature of Notary Public	Printed or typed name of Notary Public	
Date subscribed and sworn to Notary Public	County of residence	Date commission expires